

INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)



ATTY. DOCKET NO.
PC/4-32584A
APPLICATION NO.
10/522,421
APPLICANT
MEYER ET AL.
FILING DATE
March 25, 2006

Sheet 1 of 2

Group 1615

U.S. PATENT DOCUMENTS

EXAMINER INITIAL	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
AA						
AB						
AC						
AD						
AE						
AF						
AG						
AH						
AI						
AJ						
AK						
AL						

FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
/T.P.T.	AM	0 086 093	5/7/86	EP			<input type="checkbox"/>	<input type="checkbox"/>
/T.P.T.	AN	0 261 422	3/30/88	EP			<input type="checkbox"/>	<input type="checkbox"/>
	AO	0 485 090	1/6/92	EP	copy not provided, cited on PTO 892			
/T.P.T.	AP	0 864 326	9/16/98	EP (abstract only)			<input type="checkbox"/>	<input type="checkbox"/>
/T.P.T.	AQ	0018396	4/6/00	WO (abstract only)			<input type="checkbox"/>	<input type="checkbox"/>

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

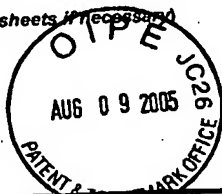
AR	
AS	
AT	

EXAMINER /Timothy Thomas/ DATE CONSIDERED 09/10/2007

*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

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EXAMINER INITIAL	DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	YES	NO
	CA 0178680*	10/25/01	WO	no copies provided		<input type="checkbox"/>	<input type="checkbox"/>
	CB 02/15892*	2/28/02	WO			<input type="checkbox"/>	<input type="checkbox"/>
/T.P.T./	CC 0220 670	1/7/93	EP			<input type="checkbox"/>	<input type="checkbox"/>
/T.P.T./	CD 2 203 338	10/19/88	GB			<input type="checkbox"/>	<input type="checkbox"/>
	CE 90 15204*	4/10/90	WO	no copy provided		<input type="checkbox"/>	<input type="checkbox"/>
	CF					<input type="checkbox"/>	<input type="checkbox"/>
	CG					<input type="checkbox"/>	<input type="checkbox"/>
	CH					<input type="checkbox"/>	<input type="checkbox"/>
	CI					<input type="checkbox"/>	<input type="checkbox"/>
	CJ					<input type="checkbox"/>	<input type="checkbox"/>
	CK					<input type="checkbox"/>	<input type="checkbox"/>
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	CO					<input type="checkbox"/>	<input type="checkbox"/>
	CP					<input type="checkbox"/>	<input type="checkbox"/>
	CQ					<input type="checkbox"/>	<input type="checkbox"/>
	CR					<input type="checkbox"/>	<input type="checkbox"/>
	CS					<input type="checkbox"/>	<input type="checkbox"/>
	CT					<input type="checkbox"/>	<input type="checkbox"/>
	CU					<input type="checkbox"/>	<input type="checkbox"/>
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	CW					<input type="checkbox"/>	<input type="checkbox"/>
	CX					<input type="checkbox"/>	<input type="checkbox"/>
	CY					<input type="checkbox"/>	<input type="checkbox"/>
	CZ					<input type="checkbox"/>	<input type="checkbox"/>

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